

	Proposed Change	Current Policy/Process	Benefit	Impact
1	Self declaration of child support if it is not on the KAECSES system.	If Child Support Enforcement (CSE) does not collect the child support, it does not show up on the system. We request a child support order or other verification of the amount.	Reduces amount of verification that must be requested. Streamlines processing.	Chance that someone does not report their child support correctly, could be error-prone. Smaller number of people receive child support though and because there is no withholding as with earned income, less likely to be reported incorrectly.
2	Eliminate trust test for Caretaker Medical.	If applicants report they have a trust, we must request further verification of income from the trust and the availability of the funds.	Same as number 1. Small benefit because very few people with incomes around 30% FPL have access to a trust. It happens rarely.	Chance of error.
3	Self-declaration of pregnancy.	We expedite pregnancy, but request pregnancy verification as a follow up. If it is not provided, we end coverage within 1 or 2 months.	Streamlines process and provides one less barrier to a pregnant woman early in pregnancy.	Chance for error. Someone who is not pregnant could get coverage.
4	Eliminate Transitional Medical (TransMed) reporting requirements. TransMed is a medical program for caretakers who have been covered under the Caretaker Medical program, but have lost eligibility due solely to an increase in earnings. They can receive coverage for up to a year under TransMed. Additional options under ARRA could simplify this program even further, such as removing the requirement that individuals have to have been on Caretaker Medical for	At 6 months we must review the parents' earned income to see if they pass the 185% FPL test.	Retention of working individuals in the program for full 12 months. Significant reduction in work—estimated at 2 FTEs.	ARRA gives states of removing reporting requirements. Almost no one earns more than 185%, but many do not provide their 6 month reporting verification, so we lose some people for this reason.

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	three out of the past six months.			
5	Continuous eligibility for Caretaker Medical. Provide 12 months of coverage for caretakers who are determined eligible regardless of income, as long as they remain categorically eligible (i.e., remain in a household with at least one dependent child).	Caretakers are required to report all changes including income. We react to those changes. If income increases, we may end coverage for the caretaker or put them into TransMed.	Significant reduction in work. Could save 2 – 3 FTEs. Provides extended coverage for very low income families during period of seeking employment.	We have this option under current rule. This lessens the potential of error because people tend to fail to report changes until they have a review. If they don't report, we still get an error, unless they are not required to report. Could lead to increased caseload, however.
6	Change how income is calculated in initial month if an applicant has a new job—use new job's income.	If someone has changed a job, we obtain verification for the actual income in the month of application in order to establish eligibility.	Streamlines process by eliminating some verification requirements.	Less error prone so decreases risk of error. This could potentially deny someone coverage in the month of application who would have otherwise been eligible. Could also potentially make someone eligible who would not have been If they are moving to a job that makes less money. It's a tradeoff.
7	Change state worker role to a more limited role—more of a reviewer.	State staff perform very thorough reviews of all applications that have been screened Medicaid eligible.	Greatly increases capacity of state staff. If contractors' processes are streamlined, they could be putting through a higher volume of applications and reviews for the state staff to review. This allows them to not bottleneck the process. If time permits, could process	Could increase potential for error, but we believe they are performing some redundant work right now. This makes the process more efficient.

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Presented to KHPA Board Executive Committee, 12-4-2009

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			some applications/reviews.	
8	Utilize Department of Labor (BASI) wage information to verify income for applications and reviews.	Use BASI as a secondary verification source to see if everything that is reported on form appears consistent. Can be used as primary verification at review if none other is provided.	Greatly reduces the need to obtain additional wage verification so could be a significant reduction in the amount of work.	Increases risk of error. BASI shows income by quarter and the income is always at least 2 quarters behind. But if the income reported on form is consistent with BASI, the risk is limited.
9	For reviews only, if the same employer and same wage is reported, we do not obtain any verification of earnings.	Obtain some wage verification, although it does not have to be as much as at initial application.	Streamlines process making reviews quicker to process.	If someone works overtime or has had an increase in earnings, could lead to errors. Could increase caseload.
10	For reviews, if the income reported is less than x% (we would establish the threshold) of the applicable poverty level, we do not obtain verification even if another job is reported.	Obtain wage verification.	Streamlines process.	Significant risk of people not reporting income correctly, creating errors for us. Could increase caseload. Could review sample to reduce risk.
11	Could do the same as 10 for applications.	Obtain wage verification.	Streamlines process.	Same as 10, but more likely to get income wrong with new applications. Could review sample to reduce risk.
12	Full self-declaration of income at review—no verification required regardless of income.	Obtain wage verification	Streamlines process. Significant decrease in workload.	With nothing other than what is reported on review form, the chances for error are very significant. Could mitigate by sampling, but error rate is guaranteed to be very high.
13	Totally passive review—send a card out stating that if they have changes to report, let us know. Otherwise we'll assume everything is the same and keep	Family must fill out application form and send it in with all necessary verification.	Significant reduction in workload. Greatly reduces the effort for processing reviews.	A family that doesn't return their card may have thrown it in the trash or they may have moved. Because this

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	the children enrolled.			population is in a managed care plan, we could be paying capitation payments for many people who are not eligible and who are not going to use the coverage.
14	Pre-populate review form with lessened verification requirements. Family informs us if what is printed on the form is not correct.	Blank application form (same as initial application) is mailed. Family must complete the form and return it.	Increases likelihood of returned review form and that it is filled out correctly.	Family could return form without reporting changes, increasing risk for error. This risk is reduced by using a form specifically designed for reviews and that aims at getting the necessary information.
15	New HealthWave application designed to get questions answered accurately and to obtain necessary information.	Current application is confusing.	Complete applications are much quicker to process.	No risk.

#### Legend

	Primary simplifications. It is anticipated that adopting these simplifications will result in enough of a reduction in administrative effort as to absorb the proposed reduction in staff.
	Secondary simplifications.
	These items are in the works and are expected to be implemented early in 2010.